Department of Health



Public and Private Identification and Diagnosis Sheets

Queensland Hospital Admitted Patient Data Collection QHAPDC

HOW TO ORDER IDENTIFICATION AND DIAGNOSIS (I&D) SHEETS & PATIENT ACTIVITY FORMS

The QH Identification and Diagnosis Sheets have been developed by the Health Statistics Branch (HSB). They are only required for use by those facilities which provide inpatient facilities but do not have direct access to the HBCIS system or private facilities that do not provide there data electronically to HSU.

Public Identification and Diagnosis Sheets

Public Facilities requiring public identification and diagnosis sheets, MRO56B (Part 1) or MRO56B (Part 2) should go to the Health Statistics Branch web page http://gheps.health.gld.gov.au/hsu/datacollections.htm and print the form.

Please note that the previous Public Identification and Diagnosis sheets which where carbonated and produced under a Standing Offer Arrangement between Queensland Health and Corporate Express Australia Ltd (SOA113-Clinical Forms) are no longer supplied.

Private Identification and Diagnosis Sheets

From the 1 July 2015 Private Identification and Diagnosis sheets are not supplied by HSB.

Private Facilities requiring private identification and diagnosis sheets, PHI(1) or PHI(2) need to go to the Health Statistics Branch web page <u>http://www.health.qld.gov.au/hsu/manuals.asp</u> and print the form.

If you require any further details regarding this process please send and an email to QHIPSMAIL@health.qld.gov.au.

Public Identification and Diagnosis (I&D) Sheets

	ality of the information produced about the se	rvices your facility provides de	pends on the data received from	m you. Please complete this form carefully and completely.
Facility:		Health fund code		Consent flags (Y-Yes N-No U-Unable to obtain)
		Chargeable status 1. Public 2. Private Sha	red 3. Private Single	Contact for feedback DVA
UR No.		Care type	rea of Private Single	Separation date Sep. time (0000-2359)
Admission		01. Acute 05. Newborn		
No.		05. Other care 07. Organ procurement	11. Maintenance 12. Mental Health	Band Separation no
QAS Patier ID No.	*	08. Boarder	20. Rehabilitation	Funding source
		09. Gerlatric Eval & Mang		01. Health Service 09. Correctional
Family nan		Paillative care details Wh First Admission for Pailative		Budget (not covered facility elsewhere) 10. Other hospital or
Given nam	88	 No previous admission for 2. Previous admission for pai 		02. Private health public authority
Sex (M=1 F	-2 -3)		mitted Pallative Care Treatment	insurance (contracted care) 03. Self-funded 11. Health Service Budget
Date of bir	•	1. No previous non-	2. Previous non-admitted	04. Worker's (due to eligibility for compensation Reciprocal Health
		admitted service for pallative care treatment	service for pailative	05. Motor vehicle third Care Agreement) party personal claim 12. Other
Estimated of		Source of referral/transfe		06. Other compensation 13. Health Service Budget
Address of	usual residence	01. Private med practitioner	18. Community Service	07. Department of (no charge raised due Veterans' Affairs to hospital decision)
No and stre	et	(exd.psychiatrist) 02. Emergency dept -	 Routine re-admission not requiring referral 	08. Department of Defence 99. Not known
Suburb/Tov	n	this hospital 03. Outpatient dept-	20. Organ procurement 21. Boarder	Mode of separation 01. Homelusual residence 13. Organ
		this hospital 06. Episode Change	23. Residential aged care service	04. Other health care procurement establishment 14. Boarder
Postcode L Home pho	ne number	09. Born in hospital 14. Other health care	24. Admitted patient transferred from another hospital	05. Died in hospital 15. Residential aged care
		establishment	25. Non-admitted patient	07. Discharged at own risk 16. Hospital transfer
Personal m	obile phone number	15. Private psychiatrist 16. Correctional facility	transferred from another hospital	09. Non return from leave 17. Medi-Hotel 12. Correctional facility 19. Other
		17. Law enforcement agency		If 12, 15 or 16, facility number.
Business of	work phone number	If 16, 23, 24 or 25, facility	y number:	Ortified a Lod Discharge
z L		If 09, mother's URN:		Criteria Led Discharge Principal diagnosis
Medicare e	ligibility 2. Not Eligible 9. Not stated/unknown	Admission Date	Adm Time (0000-2359)	r moipar uragnooto
Medicare	Not Eligible 3. Not stated unknown			
Pension		Adm Ward Ad	dm Unit QUAL Status	Other diagnoses (complications and comorbidities)
2 number			A. Acute U. Ung	
Z Religion		Standard Unit Code	Standard Ward Code	
CD Emergency				Proceedures
<		ICU - Length of Stay -Time		
Z Next of kin				External cause of injury/poisoning
μ		- Continuous Ventilation -Time		
Address				
the second se		Elective Patient Status:		
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		PATIENT ACTIVITY FORM FACILITY U.R. NUMBER IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	(0000-2359) SURNAME GIVEN NAME(S) SEX M=1 F=2 I=3 DATE OF BIRTH EXTRA MORBIDITY CODES C0: Other Degrades, EV External Cauce, M - Morphology, PR - Procedure C0: Other Degrades, EV External Cauce, M - Morphology, PR - Procedure C0: Other Degrades, EV External Cauce, M - Morphology, PR - Procedure C0: Other Degrades, EV External Cauce, M - Morphology, PR - Procedure C0: Other Degrades, EV External Cauce, M - Morphology, PR - Procedure C0: Other Degrades, EV External Cauce, M - Morphology, PR - Procedure C0: Other Degrades, EV External Cauce, M - Morphology, PR - Procedure C0: Other Co-MORBIDITY OF INTEREST FLAG (CI) 1: Other Co-MorbiDIDITY OF INTEREST FLAG (CI) Drefix ICD code Procedure Date CF CP RI CI Prefix ICD code Procedure Date CF CP RI CI 10 I. Interview ICD code Proceedure Date CF CP RI CI 11 I. I		
	ACTIVITY DETAILS WARD/UNIT TRANSFER TABLE - Complete ward/unit/standard unit transferred to and date/time of transfer WARD UNIT UNIT UNIT CODE WARD CODE DATE OF TRANSFER UNIT UNIT CODE WARD CODE DATE OF TRANSFER UNIT UNIT UNIT	\$	
	START DATE END DATE ACTIVITY TABLE CHANGES CHARGEABLE STATUS CHANGE DATE OF CHANGE COMPENSABLE STATUS CHANGE DATE OF CHANGE <		
		Image: Service in the service in th	
\vdash_{I}	Public Activi	Ity Form Changes Indd 1 22/04/15 12:26 PM	_

Appendix C

Private Identification and Diagnosis (I&D) Sheets

U.R. NUMBER	FACILITY	PRIVATE
	SEPARATION DATE	
A FAMILY NAME	SEPARATION TIME (0000-2359) BAND	TE
F GIVEN NAMES	SEPARATION NOT MANUATORY, FOR CHARDC REPORTING	ъ Б
X SEX (M=1 F=2 I=3) DATE OF BIRTH I	FUNDING SOURCE 08. Department of Defence 07. Health Sentile Skiljel 09. Correctional facility (httowned elementes) 02. Privale health insurance increased or public authority	HOSPITAL IDENTIFICATION AND
T ADDRESS OF USUAL RESIDENCE I E No and Street N	28. Self-Lunded 11. Health Service Budget Worker's compensation 66. Motor vehicle third party personal claim 12. Other 06. Other compensation 13. Health Service Budget for charge matter of Vehanaria Affains for charge matter of a botter	. IDEN
T Suburbitown	99. Not Known 99. Not Known	TF
	01. Homelusual residence 13. Organ procurement 04. Other health care establishment 14. Boarder	CA
E 1. Eligible 2. Not eligible 9. Not stated/unknown E MEDICARE NUMBER	05. Died in hospital 15. Residential aged care service 06. Episode change 16. Hospital transfer 07. Discharged at own risk 17. Medi-totel	
	09. Non return from leave 19. Other 12. Correctional facility	A
EMERGENCY CONTACT MANDATORY FOR	If 12, 15 or 16 facility number? PRINCIPAL DIAGNOSIS	
		DIAG
PHONE MARITAL STATUS 1. Never Married 2. Married 2. Defacto 3. Widowed	OTHER DIAGNOSES (COMPLICATIONS AND COMORBIDITIES)	DIAGNOSIS SHEET
4. Divorced 5. Separated 9. Not stated/unknown COUNTRY OF BIRTH		SS
AUSTRALIAN SOUTH SEA ISLANDER 1. Yes 2. No 9. Not stated/unknown		Ë
INDIGENOUS STATUS 1. Aboriginal but not Tomes Strait Islander Origin 2. Tomes Strait Islander Origin but not Aboriginal Origin 9. Not stated'unknown 3. Both Aboriginal and Tomes Strait Islander Origin	PROCEDURES	F
COMPENSABLE STATUS 1. Workever Queensland 2. Workers' Compensation (Other) 3. Other Third Party		E
Other compensable 5. Dept of Veteriana' Affains 6. Motor Vehicle (Did) Motor Vehicle (Other) 8. None of the above 9. Dept of Defence DVA PATIENT DETALLS. Where compensable status = 5		July 2015
	EXTERNAL CAUSE OF INJURY/POISONING	015
CARD TYPE G = Gold W = White HOSPITAL INSURANCE	EXTENSIL CAUSE OF INDUSTING	
7. Hospital insurance 8. No hospital insurance 9. Not stated/unknown CHARGEABLE STATUS	PLACE OF OCCURRENCE	
1. Public CARE TYPE CARE TYPE	ACTIVITY	
01. Acute 05. Newborn 06. Other care 07. Organ procurement		
08. Boarder 09. Geriatric Evaluation & Management 10. Psychogeriatric 11. Maintenance 12. Mental Health Care 20. Rehabilitation		
30. Pallative PALLIATIVE CARE DETAILS Where care type is 30	MORBIDITY CODES CONTRACT FLAG (CF) (if applicable) (e.g. ICD-10-AM) 1. Contracted admitted procedure	
FIRST ADMISSION FOR PALLIATIVE CARE TREATMENT 1. No previous admission for palliative care treatment 2. Previous admission for palliative care treatment	PD - Principal Diagnosis 2: Contracted non-admitted procedure EX - External Cause CONDITION PRESENT ON ADMISSION INDICATOR (CP) PR - Procedure 1: Condition present on admission to episode of care	
PREVIOUS SPECIALISED NON-ADMITTED PALLIATIVE CARE TREATMENT 1. No previous non-admitted service for pailiative care treatment	OD - Other Diagnosis 2. Condition arises during admission M - Morphology 9. Unknown or uncertain	
2. Previous non-admitted service for palliative care treatment SOURCE OF REFERRAL/TRANSFER O1. Private med practitioner (excl. psychiatist)	Prefix ICD Code Procedure Date CF CP 1 P.D	
01. Private med practicone (etc), psychiatric) 02. Emergency dept - this hospital 03. Outpatient dept - this hospital 20. Organ procurement		₽
06. Episode change 21. Boarder 09. Born in hospital 23. Residential aged care service 14. Other health care establishment 24. Admitted patient transferred from another hospital	3	PHI (1)
15. Private psychiatrist 25. Non-admitted patient referred from other hospital 17. Law enforcement agency 29. Other	¹ ↓ <mark>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ </mark>	\sim
18. Community service		
UR number?		
ADM Ward	Record additional codes on the Addivity Form.	
STANDARD UNIT CODE	ADDRESS OT MANDATORY FOR	
VENTILATION -Time	Notification - Cancer Infectious disease	
PLANNED SAME DAY (Y OR N) ELECTIVE PATIENT STATUS Contract five = 8 and public chargeable Contract five = 8 and public chargeable	SIGNATURE DATE	
BABY ADMISSION WEIGHT Code the Other Hospital identifier if contract	Any activity details, SNAP details or extra morbidity codes (Y or N)	
(WHERE <2500g or <29 days) gms https://gms.and.contract.role.A.or.B.	Attach Activity Form(s) as required	